

Case Number:	CM15-0125048		
Date Assigned:	07/09/2015	Date of Injury:	03/09/2000
Decision Date:	08/13/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62 year old male, who sustained an industrial injury on 03/09/2000. The mechanism of injury was not made known. According to a progress report dated 06/08/2015, the injured worker was seen in follow up for bilateral knee pain and prescription refills. Pain level was rated 5 on a scale of 1-10. He denied nausea, constipation or gastrointestinal upset. His mood and affect were normal. He was in no acute distress. Physical examination demonstrated scars on the abdomen from gastric bypass. Motor strength was grossly normal except for bilateral leg weakness. Examination of the extremities demonstrated scars from multiple bilateral knee surgeries. Impression was noted as status post work-related injury with continued chronic bilateral knee pain. The provider addressed the denial of Fluoxetine. The purpose of Fluoxetine was to supplement the pain relieving effects of his other medication and also for mood elevation which had the same effect, improving his pain management. Prescribed medications included Ambien 10 mg 1 tablet every night as needed for 30 days, Morphine 15 mg immediate release 1 tablet four times a day for 30 days quantity 120, Prozac 20 mg 1 tablet once a day for 30 days quantity 30, Soma 350 mg 1 tablet twice a day for 30 days #60, Tramadol ER 100 mg 1 tablet once a day for 30 days quantity 30 and Tramadol 50 mg 1 tablet four times a day for 30 days quantity 120. Work status was per primary treating physician. Currently under review is the request for Nexium 40 mg quantity 30 with 5 refills, Fluoxetine 20 mg, quantity 30 and Zolpidem 10 mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nexium CAP 40mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors.

Decision rationale: According to CA MTUS (2009), Proton Pump Inhibitors (PPI), such as Nexium, are recommended for patients taking NSAIDs (non-steroidal anti-inflammatory drugs) with documented GI (gastrointestinal) distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. Official Disability Guidelines (ODG) states that proton pump inhibitors are recommended for patients at risk for gastrointestinal events. Decision to use proton pump inhibitors long-term must be weighed against the risks. The potential adverse effects of long-term proton pump inhibitor use included B12 deficiency, iron deficiency, hypomagnesemia, increased susceptibility to pneumonia, enteric infection and fractures, hypergastrinemia and cancer and more recently adverse cardiovascular effects. Proton pump inhibitors have a negative effect on vascular function, increasing the risk for myocardial infarction. Patients with gastroesophageal reflux disease on proton pump inhibitors had a 1.16 greater risk of myocardial infarction and a 2.00 risk for cardiovascular mortality. Proton pump usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) In this study proton pump inhibitor use was associated with a 1.58 fold greater risk of myocardial infarction and in the case-crossover study, adjusted odds ratios of proton pump inhibitor for myocardial risk were 4.61 for the 7 day window and 3.47 for the 14 day window. However, the benefits of proton pump inhibitors may greatly outweigh the risks of adverse cardiovascular effects, with number needed to harm of 4357. (Shih, 2014) Outpatient proton pump use is associated with a 1.5 fold increased risk of community-acquired pneumonia, with the highest risk within the first 30 days after initiation of therapy. (Lamber, 2015) The updated Beers Criteria, which help prevent adverse drug events in older adults, added a recommendation to avoid the use of proton pump inhibitors for more than 8 weeks, except for long-term NSAID users and patients with erosive esophagitis, Barrett's esophagitis, pathologic hypersecretory condition, or a demonstrated need for maintenance therapy. There are many studies demonstrating, in elderly patients, an increased risk for Clostridium difficile infection and bones loss and fractures with the long-term use of proton pump inhibitors. (AGS, 2015) In this case, there is no documentation indicating the patient has any GI symptoms or GI risk factors. This injured worker is not currently documented as having taking an NSAID. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Fluoxetine CAP 20mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants/Selective Serotonin Reuptake Inhibitors (SSRIs) Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Selective Serotonin Reuptake Inhibitors (SSRIs)/Antidepressants for Chronic Pain.

Decision rationale: According to the California MTUS Guidelines, anti-depressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Guidelines state that assessment of treatment efficacy should include not only pain outcome, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment. Per MTUS, selective serotonin reuptake inhibitors are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline and are controversial based on controlled trials. It has been suggested that the main role of SSRIs (selective serotonin reuptake inhibitors) may be in addressing psychological symptoms associated with chronic pain. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors. Fluoxetine is a selective serotonin reuptake inhibitor (SSRI). Official Disability Guidelines do not recommend selective serotonin reuptake inhibitors as a treatment for chronic pain. SSRIs may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. Guidelines stated that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. In this case, Fluoxetine was being prescribed to supplement the pain relieving effects of the injured worker's other medications and for mood elevation. SSRIs are not recommended as first line therapy as treatment for chronic pain. There is no documentation indicating that the injured worker has secondary depression. There was no discussion indicating that the injured worker had failed a trial of first line agents. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Zolpidem TAB 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Zolpidem/Insomnia Treatment.

Decision rationale: CA MTUS Guidelines do not address Ambien. Official Disability Guidelines (ODG) state that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. ODG recommends that treatment of insomnia be based on the

etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed and include sleep onset, sleep maintenance, sleep quality and next-day functioning. In this case, authorization was requested for 30 Ambien which exceeds recommended short term use of 7-10 days. There was no discussion regarding sleep onset, sleep maintenance, sleep quality and next-day functioning. Medical necessity for the requested treatment was not established. The requested treatment is not medically necessary.